



Why Did the United States Medical School Admissions Quota for Jews End?

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ABSTRACT

At the end of World War II anti-Semitism was pervasive in the United States. Quotas to limit the number of Jewish students were put in place at most U.S. medical schools in the 1920s and were well-entrenched by 1945. By 1970 the quota was gone. Why? Multiple factors contributed to the end of the quota. First, attitudes toward Jews shifted as Americans recoiled from the horrors of the Holocaust and over half a million Jewish GIs returned home from World War II. Many entered the higher education system. Second, governmental and private investigations in New York City, New York State and Philadelphia exposed the quota. Third, New York State, led by Governor Thomas E. Dewey, established 4 publicly supported nondiscriminatory medical schools. These schools adsorbed many New York Jewish applicants. Fourth, from the 1920s through the 1960s some medical schools consistently or intermittently ignored the quota. Finally, the federal and several state governments passed nondiscrimination in higher education legislation.

The quotas ended because of a combination of changing societal attitudes and government and private social action. This remarkable social change may be instructive as higher education now grapples with allegations of a quota system for Asian-Americans.

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INTRODUCTION

As World War II ended in 1945, a Roper poll reported that 58% of Americans responded “yes” to the question “Do you think Jews have too much power in the United States?”¹ Before the war, Henry Ford had widely circulated anti-Semitic articles in his *Dearborn Independent*.^{2–4} Many hotels catered to a “strictly Gentile clientele”. Jews were denied admission to country clubs, swimming pools and beaches.⁵

A quota to limit access of Jews to American medical schools had been put in place in the early 1920s. This was, in part, a reaction to a wave of Eastern European Jewish immigration to the U.S. from the 1880s to the onset of World War I (Table 1). The development of the quota has been well described; by 1945 they were firmly entrenched.^{5–16} In 1920, there were 214 Jewish students enrolled in medical schools in New York state. In 1940, there were 108.¹⁵ In an era in which it was estimated that 32–50% of U.S. medical school applicants were Jews, the medical historian Henry Sigerist wrote that “Jewish students are subject to a tacit, but nevertheless highly effective, quota-system and in most schools the number of Jewish students rarely exceeds 10 per cent. ...”¹⁶ The historian Edward N. Saveth agreed.

The problem of discrimination in medical schools is especially acute and especially complex... discrimination in admission to medical schools is a constantly burning wound. There is probably no Jew in this country who was not seen some friend or relative—qualified, talented, eager to be a physician—frustrated and embittered by a stream of rejection

slips from medical schools. ... the systematic exclusion from a profession they are eager to enter. ...¹⁷

Twenty-five years after the war ended the quota was gone. Why? How could an entrenched policy disappear within a generation? This essay will seek to answer this question.

VETERANS RETURN

The end of World War II generated a major force for social change regarding attitudes toward Jews. During the war, about 4% of all U.S. soldiers, sailors and Marines were Jewish. The total number of Jewish war casualties exceeded 38,000. Returning veterans from the war, including 550,000 Jews, poured into higher education via the GI Bill.^{18,19} These veterans argued that soldiers and sailors had not risked their lives in the war against Hitler and Hirohito only to find that they or their children were denied access to higher education.^{20,21} Similar arguments were made by the NAACP and the Catholic War Veterans. Politicians quickly recognized the power of these veterans at the voting booth and sought to serve their needs. Also, as Americans learned of the slaughter of 6 million Jews during the Holocaust, overt public anti-Semitism became increasingly socially unacceptable.^{1,5}

NEW YORK CITY INVESTIGATES

Nobel Laureate Arthur Kornberg (1918–2007) was an undergraduate at City College of New York (CCNY)

TABLE 1. Jewish population of the United States.^{34,35}

Year	Number of Jews	Percentage of the U.S. population
1820	5,000	0.08
1850	50,000	0.21
1880	275,000	0.55
1900	1,100,000	1.46
1925	3,800,000	3.25

where the student body in the early and mid-20th century filled with recent Eastern European immigrants and their children. In the first half of the 20th century the student body was >90% Jewish. Kornberg graduated from medical school at the University of Rochester. In Brooklyn, he wrote:

I was enclosed in a circle of Jewish students and friends and was unaware of any anti-Semitism. . . . This innocence persisted until my senior year [of college] . . . Then came the disappointment of being rejected by virtually all of the many medical schools to which I applied.²²

From 1927 to 1934, 51.5-62.5% of all U.S. applicants were admitted to a medical school. The percentage of students from the largely Jewish CCNY admitted fell from 53.2% in 1927 to 19.9% in 1935.²³⁻²⁶

Following 1943 race riots in New York City (NYC), Mayor Fiorello H. LaGuardia established a “Mayor’s Unity Commission” to “make NYC a place where people of all races and religions may work and live side by side in harmony and have mutual respect for each other, and where democracy is a living reality.”²⁷ In January 1946, the Commission received a report by New York University (NYU) Professor Dan W. Dodson (1907-1995) (Figure 1).²⁸ A front page article in the *New York Times* told its readers that Dodson’s

report declared that a quota system against Catholic, Jewish and Negro students had been established. This is particularly bad in the field of medicine. . . . Conditions in the field of medicine are serious as far as discrimination is concerned and rapidly growing worse.²³

Dodson confirmed that from 1925 to 1941, the percentage success rate of City University of New York (CUNY) graduates getting into medical school plummeted.²³⁻²⁷ New York’s private medical schools limited the number of Jews admitted. The pervasiveness of a national quota system meant that whilst out-of-state schools

give priority to their local populations and. . . they believe that New York City institutions should provide for the educational requests of [city residents] . . . As a consequence, all New Yorkers and especially Jews, Catholics, and Negroes, find themselves discriminated against both in New York and out-of-town institutions.²³

On September 11, 1946 the NYC Council voted to follow-up on Dodson’s Report and conduct its own



FIGURE 1. Professor Dan W. Dodson (1907-1995), a “foe and a scholar of racism”, authored a significant government report documenting discrimination in medical school admissions. Dodson would later play a role in helping Branch Rickey and Jackie Robinson of the Brooklyn Dodgers break the color barrier in major league baseball and in public school racial desegregation.²⁸

investigation under the chairmanship of Councilman Walter R. Hart (1894-1969).²⁹⁻³¹ A Democrat, Hart was active in Brooklyn’s Jewish community and a skilled political combatant. He was ready to take on medical schools.

We want to know why applicants of medical schools must put their photographs on the application. Must one be a movie actor to do a good appendectomy? Why are applicants asked about their racial lineage, their religious preference or the traditional family religion?²⁹

The committee sought to review NYC medical school admissions records but Cornell and Columbia reported that they had destroyed them. Dean Williard C. Rappelye (1892-1976) of Columbia (Figure 2) and the Chairman of Cornell’s admission’s committee were both sharply questioned. Hart archly commented that “it is a well-established principle of law that destruction of or failure to produce records concerning material matters raises a presumption that the contents of the records, if produced, would be unfavorable.”²⁹

Hart’s committee studied medical school catalogues for 1920-1946 and confirmed Dodson’s findings. The strongest declines in admission of CUNY graduates were at Cornell and Columbia.²⁹



FIGURE 2. Williard Cole Rappelye (1892-1976) dean of Columbia's medical school, denied that Columbia employed a quota in spite of evidence to the contrary. He opposed the creation of SUNY medical schools and helped prevent Jews who had gone to medical school in Scotland from obtaining medical licenses in New York.^{51,74}

Columbia's application asked for the applicant's religion, place of birth of father and mother, racial origin and mother's maiden name. Rappelye felt "representation of the various social and religious groups in medicine ought to be kept fairly parallel with the population make-up."²⁹ If the contradiction of this point-of-view as it pertained to women or African-Americans ever occurred to Rappelye, we do not know. The Chairman of Columbia's admissions committee admitted that students from CUNY with A- or better averages had been rejected without interviews whereas those with an average of B or less, from other colleges, had been accepted without interviews.

Dean Joseph C. Hinsey (1910-1981) of Cornell said that "emotional stability and other things" were reasons for rejecting applicants. The committee asked Hinsey "When you reject an applicant without an interview, you know nothing about his emotional stability, do you?" Hinsey agreed. Hinsey told the committee that a question regarding the applicant's mother's maiden name was inserted at the request of the Federal Bureau of Investigation. J. Edgar Hoover denied it.²⁹ A 1940 letter from Hinsey's predecessor at Cornell, Dr. William S. Ladd (1887-1949), was produced which explained to a Jewish applicant why he had been rejected.

Cornell Medical College admits a class of eighty each fall. It picks these eighty men from about twelve hundred applicants of whom seven hundred or more are Jews. We limit the number of Jews admitted to each class to roughly the proportion of Jews in the population in this State, which is a higher proportion than in

any other part of the country. That means that we take in from 10 - 15 per cent Jews. ...

Mr.-. ~ had a number of good qualities, but in the opinion of the Admission Committee there were a number of Jewish applicants ... who surpassed him in desirability."^{25,29}

Jews and non-Jews were evaluated by Cornell on separate scales.²⁹

A Cornell admissions committee member, Dr. Charles O. Warren, said that "we make a guess" as to the religion of an applicant. "I happen not to like the Irish", said Warren. "I am prejudiced against the personality that appears in certain racial groups." When asked "Do you mean Hebrews?" Warren replied "I would rather not answer it." A few questions later Warren was asked "Do you like the Hebrews?" He answered, "Some of my very best friends are among them."²⁹

The City Council adopted the Hart Report unanimously and concluded that Jews, African-Americans and Italian Roman Catholics were selectively denied admission to Columbia and Cornell Medical Schools; less so at NYU, New York Medical College (NYMC) and Long Island College Hospital (LICH) School of Medicine.^{27,29}

PRESIDENTIAL POLITICS BECOME INTERTWINED WITH THE ATTACK ON THE QUOTA

Although the U.S. population had increased by 75% from 1905 to 1950, the number of medical students had not changed. About 20% of medical schools limited admission to state residents. Many others gave preference to in-state applicants.¹⁶ Many Jews, denied admission to any American medical school, matriculated in Europe in the years prior to World War II.^{32,33}

New York, the most populous state in the union, still did not have a state university system or any public medical schools at the war's end.²⁹ New York also had the largest Jewish population in the U.S. measured either as a percentage of the population or in absolute numbers.^{34,35} With no public medical schools, New York's Jewish applicants sought the limited number of spots available to them at the state's private schools and, since those were insufficient to meet demand, applied with limited success elsewhere.^{23-25,36-40} A 1946 CCNY survey showed a drop in students applying to medical schools. "Anticipating inevitable professional discrimination... students literally have been frightened away..."³⁶

Thomas E. Dewey (1902-1971), a Republican, served as governor of New York from 1943 to 1954 and 2-time presidential nominee (Figure 3). Dewey believed "It is our solemn duty to show that government can have both a head and a heart, that it can be both progressive and solvent, that it can serve the people without being their master."^{41,42} Possessed of an excellent baritone voice, Dewey had partially worked his way through law school

singing in synagogue choirs.^{40,41} Selected in 1935 as a Special Prosecutor to conduct racket investigations in Manhattan, he was elected Manhattan District Attorney (DA) 2 years later and gained a reputation as a crusading “racket-busting DA.”⁴¹ He found favor among Jews for prosecuting the Nazi-sympathizing German-American Bund and hiring Jewish lawyers for his staff.^{43–45}

Dewey ran for President against Franklin D. Roosevelt in 1944 and understood the need to win New York’s 47 electoral votes and the importance of Jewish voters.⁴⁶ Prodded by Ben Zion Netanyahu, father of Israel’s current Prime Minister, Dewey’s campaign platform denounced Roosevelt’s alleged inaction in helping Jewish refugees and called for a “free and democratic Commonwealth” in Palestine.^{46,47} When Dewey ran again in 1948, this time against Harry Truman, his platform condemned the Democrats for vacillating in their support for Israel. Dewey recognized that a frontal assault on the quota would also curry favor with voters.

In February 1946, Dewey supported the creation of a Temporary Commission on the Need for a State University.^{48–50} President Truman appointed a President’s Commission on Higher Education in July of the same year. Truman’s Commission denounced discriminatory admissions policies and recommended federal corrective legislation.¹² Working at the same time Dewey’s Commission took up Dodson’s report.⁴⁹ New York political columnist Max Lerner denounced admissions policies based on “the principles of Hitler’s racist state” and argued for a state university to “create islands of refuge from the Nazi racism in our privately endowed colleges.” Alvin S. Johnson, retired president and cofounder of the New School, agreed. “I know that ninety percent of the people of the State are ashamed of the fact that New York stands out as the great leader of discrimination, the great Hitler state of America.”^{49,50}

Deans Rappleye of Columbia and Weiskatten of Syracuse argued against the creation of public medical schools “to meet the pressure from students’ applications.”^{49–51} Father Robert I. Gannon, President of Fordham University, sought “to prevent the creation of this absurdly expensive Jewish university.”⁴⁸ A representative of the New York medical society asserted that public medical schools were designed to create “a great many doctors in a great many hospitals for a socialized medical system.”⁵⁰ Archbishop James Francis Aloysius McIntyre (1886–1979) of New York attacked a higher education antidiscrimination bill as one “formed after communistic pattern.” McIntyre said claims of anti-Semitism were “manufactured... for the deliberate purpose of besmirching the minority Catholic population.”^{50,52}

Dewey’s Commission found

members of New York’s large minority groups have had difficulty in securing access to educational facilities on an equal basis... This discrimination is

repellent to the American spirit and must be eliminated... some nonsectarian educational institutions have criteria of selection that appear to be different for different groups. This inequality of treatment is indicated by the fact that a smaller proportion of applications are accepted from members of certain groups than from other groups of equal academic standing from the same geographical area... [We recommend] establishment of two medical centers by the State, including schools of medicine... This program may be achieved either by taking over and expanding existing private institutions or by building new ones, or by state aid.⁵³

Dewey made sure he would not be outflanked by Truman on the issue of fairness in higher education. Early in 1948 Dewey wrote to the state legislature.

The Commission has recommended legislation to eliminate racial and religious discrimination in the admissions to schools of higher education. I urge the enactment of such legislation. It is important that not only economic barriers be removed, but that also barriers based upon distinctions of race, color, creed or national origin...⁵³

Dewey signed a Fair Educational Practices Law which forbade postsecondary schools “to exclude or otherwise discriminate against any person or persons seeking admission as students...because of race, religion, creed, or national origin.” New Jersey, Massachusetts and Pennsylvania followed suit.^{50,53,54} After much wrangling and some vacillation related to the cost of creating a State University of New York (SUNY), Dewey signed the enabling legislation.^{50,53}

SUNY acquired LICH and Syracuse University’s School of Medicine in 1950. They became SUNY Downstate and SUNY Upstate. The University of Buffalo’s medical school was added in 1962 and a fourth school was founded at Stony Brook in 1974. Controversy, however, continued to dog the birth of SUNY. In the early 1950s, a 1938 speech was uncovered by the Chancellor of New York’s Board of Regents William J. Wallinin in which he argued for “the right of discrimination as a liberty which ought to be enjoyed by everyone in the state... our prejudices—in a sense they are God-given... The fact that one discriminates against... a colored man or a Jew justly brings down upon that person who is discriminated against... is a powerful force...to bring him along to the part where he shall honor the virtues that we all respect.”⁵⁰

In 1951, New York’s Board of Regents hired Dr. Howard Wilson of the Carnegie Endowment to study allegations of persistent discrimination. Wilson found that, with the exception of NYU, Protestants were more readily accepted into most of New York’s medical schools than Roman Catholics, non-Italian Roman Catholics fared better than Italian Roman Catholics and Jews were least likely to gain an acceptance (Table 2).⁵⁴ The

TABLE 2. The probability of a Protestant Roman Catholic, Jewish, Greek Orthodox/other applicant being admitted to medical school in New York state in 1950 according to data compiled by the New York State Department of Education.^{36,37,87}

School	Roman Catholic (%)	Jewish (%)	Protestant (%)	Greek orthodox/other (%)
Albany	7	5.6	21.6	25
Buffalo	13.4	5.8	8.9	0
Columbia	4.1	5.0	11.5	14.3
Cornell	5.6	2.8	18.4	14.3
Long Island College Hospital/SUNY Downstate	15.3	24.1	7.2	28.6
New York Medical College	8.8	3.8	14.6	0
New York University	7.1	15.9	9.9	25
Rochester	5.4	2.3	12.3	0
SUNY Upstate/Syracuse	3.3	7.5	27.6	0

American Jewish Committee confirmed Wilson's data.^{29,34} NYMC reported that "diction, voice, physical appearance, grooming" played a role in admissions.²⁹ Evidence of the quota at Rochester and Cornell was particularly strong. Wilson reported that 64 Cornell undergraduates applied to Cornell's medical school. Although the average grades of the Jewish applicants were 10% higher, 43% of non-Jewish applicants were accepted versus 17% of Jewish applicants.²⁹ Release of the Wilson Report was delayed and for unexplained reasons the conclusions about Cornell were deleted from the final version.²⁹

THE MEDIA EXPOSES THE QUOTA

Before and after World War II, Americans learned about medical anti-Semitism in newspapers, magazines and books. A 1927 assault on the Jewish interns at Kings County Hospital in Brooklyn, New York and subsequent criminal court proceedings received widespread attention in the press.⁵⁵ Heywood Broun and George Britt devoted a chapter in their 1931 book *Christians Only: A Study in Prejudice* to the medical school quota.⁵⁶ The forced resignation of Isaac Hall Manning as dean of medicine at the University of North Carolina at Chapel Hill in 1933 due to his enforcement of the quota was followed with interest in the newspapers.⁸ In a 1949 newspaper column, former First Lady Eleanor Roosevelt wrote favorably of the lack of bigotry in the admissions policy of the Chicago Medical School.⁵⁷ Exposés of the quota appeared in popular magazines and scholarly journals from the 1930s through the 1950s.^{13,14,16,17,27,38,58,59-62}

Public shaming was used as a tool. Nationally prominent Rabbi Stephen Wise sought to remove the tax-exempt status of Columbia because of the medical school's discrimination.¹² While the presiding judge dismissed the case because the plaintiff was not an applicant, the point was made. In 1946, Columbia announced it would cease asking applicants to state their religion.¹⁷ There were calls to deny Columbia and Cornell's medical students educational access to public teaching hospitals.^{24,25}

The movies took note of discrimination. The 1947 Academy Award winning film *Gentleman's Agreement* exposed "polite" anti-Semitism in the workplace, at hotels and directly addressed discrimination against Jews in medicine.⁶³ The 1947 crime drama *Crossfire* portrayed the murder of a Jewish veteran by an anti-Semitic soldier.⁶⁴ The 1945 Academy Award winning film *The House I Live In* starred Frank Sinatra instructing children about the evils of anti-Semitism.⁶⁵ The number one mon-eymaking movie of 1959, the comedy *Auntie Mame* starring Rosalind Russell, joked about the "restricted" community of Darian, Connecticut: "the Aryans from Darian."⁶⁶

COMMITTEES IN THE CITY OF BROTHERLY LOVE TAKE AIM AT THE QUOTA

Pennsylvania, like New York, had a large Jewish population—concentrated in Philadelphia and Pittsburgh.^{34,35} Pennsylvania's medical education was also a private matter. The first public medical school in the state would not open until 1967.

The Philadelphia Jewish Community Relations Council had received multiple complaints "that...medical schools, had refused admission to the complainant. . .In every case there was no doubt in the mind of the aggrieved party that such rejection was because the particular school practiced discrimination against Jews."⁶⁷ In the 1930s, the Dean of Medicine at the University of Pennsylvania (Penn) told an applicant that he "did not have a chance here because we took in the ten Jewish boys that we always take in and that is our quota [10 out of 130-140 students or 7-8%]."⁶⁸

The Council reported that from 1920 to 1950, the median percentage of Jewish graduates and the ranges at Philadelphia's medical schools were Penn (13.5%, 8-27%), Temple (11.5%, 7-38%), Jefferson (11%, 0-37%), Hahnemann (12.5%, 4-50%), Women's (24%, 3-48%) and the College of Osteopathy (29%, 16-39%). At Hahnemann in 1948, 1949 and 1950, the percentage of Jews jumped from 5% to 36% to 50%. Hahnemann had been threatened with probation because of low pass rate on Pennsylvania's state



FIGURE 3. Thomas E. Dewey (1902-1971), New York Governor and twice Republican nominee for President, played a major role in the creation of a SUNY system of medical schools.^{41,86,89,50,49,53,89}

medical licensure examination. The admissions committee chose to correct the problem by admitting more Jews (Figure 4).^{67,69}

In 1957, the Philadelphia Fellowship Commission reported a 5-year survey of 512 premedical students from Temple University and Penn.⁶⁹ They found that 47% of the Temple students and 67% of the Penn students were admitted to medical school; 81% to an allopathic school in Philadelphia. The acceptance rates for Jews, however, was far lower than for Protestants or Catholics (Table 3).

THE WALL OF DISCRIMINATION DEVELOPS CRACKS

A few U.S. schools either consistently or intermittently did not observe the quota: NYU, LICH/SUNY Downstate, Detroit College of Medicine and Surgery/Wayne State, Boston University, University of Maryland, University of Illinois, University of California San

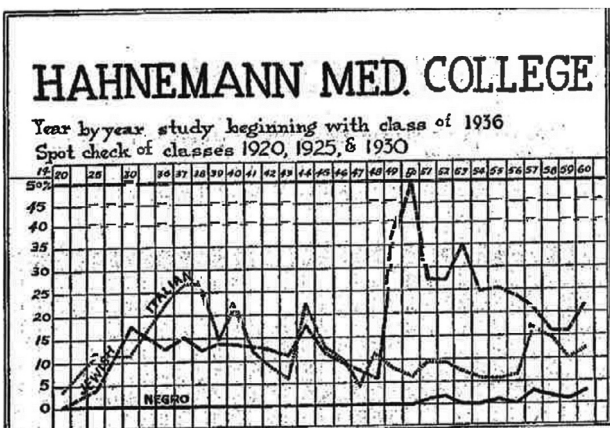


FIGURE 4. The Philadelphia Jewish Community Relations Council documented how Hahnemann Medical College sought to improve performance on standardized tests by increasing the percentage of Jewish students. Note the abrupt increase in the percentage of Jewish students in the late 1940's.^{65,88}

Francisco, Temple, NYMC and George Washington University. So-called nonmainstream schools, engaged in running battles with accreditors, were also generally open to Jews: Middlesex in Massachusetts, Chicago Medical School and Cincinnati Eclectic.^{7,8,12,57,70-72} Two attempts to open new schools during World War II with open admissions policies floundered: The Gorgas Institute of Medical Sciences in Manhattan and the Essex College of Medicine and Surgery in Newark, New Jersey.^{7,12} In the early 1950s, Yeshiva University, under Jewish auspices, opened the Albert Einstein College of Medicine.^{12,73}

ORGANIZED ACADEMIC MEDICINE WAS CONSPICUOUS BY ITS ABSENCE

In 1947, the Council on Medical Education of the American Medical Association and the AAMC launched a survey of medical schools.⁷³ They concluded that “racial and religious discrimination in . . . medical schools; where that discrimination exists today, it is without legitimate defense.” The survey authors, however, believed “that the prevalence such discrimination . . . has been exaggerated, and the motives, problems and procedures of medical admissions committees have been misunderstood or distorted.” It was legitimate, the committee said, to ask an applicant's sex, race, nationality, and

TABLE 3. The probability of a 1950 senior premedical student at Temple University of the University of Pennsylvania being accepted into an allopathic medical school, 1951-1956.^{64,67}

	Protestants % accepted (n = 116)	Roman Catholics % accepted (n = 75)	Jews % accepted (n = 315)
A Students	100	88	88
B+ Students	100	80	63
B Students	68	24	30
C Students	13	7	3

religious preference so that decisions about admissions would involve more than paper records and grades. Anti-discrimination laws would “result in new limitations upon a school’s freedom to select these students who will most advance the quality of medical education.”⁷⁴ The six-member committee were all white males and included 3 deans of medical schools which enforced the quota.⁷⁴ The AAMC published Dean Rappleye’s speech opposing SUNY’s medical schools in full in its national publication.⁵¹

Discriminatory behavior had no adverse career consequences for medical school leaders with the exception of Dean Manning of University of North Carolina -Chapel Hill.⁸ Dean Rappleye of Columbia was confronted with evidence of Columbia’s quotas during the Hart Committee hearings and opposed the creation of SUNY’s medical schools. Rappleye played an important role in thwarting the aspirations of American Jews who went to school in Scotland in the 1930s to avoid the quotas. In 1936, the New York State Board of Regents began requiring graduates of overseas medical schools to pass state medical licensing examinations rather than being licensed upon presentation of a medical diploma and a license from outside New York. Since the pass rate of graduates of the Scottish medical schools, almost all of who were American Jews, was extremely high, those who wished to close one of the few options remaining to Jews turned to Rappleye. After a cursory inspection of Scottish schools Rappleye persuaded the New York State Education Department in 1939 to discontinue its recognition of the Scottish diplomas.^{12,75} Dean Rappleye oversaw the dismissal of Dr. Tracy J. Putman at Columbia’s Neurological Institute because, in part, Putman had refused to fire “non-Aryan” faculty.⁷⁶

Rappleye became the president of the Josiah Macy Jr. Foundation which supports medical education research, authored a plan in 1961 to reform NYC’s municipal hospital system, received Columbia’s Distinguished Service Award and an honorary degree and the current chairperson of Columbia’s Department of Obstetrics and Gynecology holds an endowed chair named for Rappleye.⁷⁷

William Sargent Ladd, author of the letter articulating Cornell’s quota, served as trustee of Amherst College, the American University of Beirut, Memorial Hospital and the New York Academy of Medicine.^{78,79} Joseph Clarence Hinsey succeeded Ladd and enforced the quota. Hinsey was elected president of the AAMC in 1950 and was the first recipient, in 1958, of the society’s Abraham Flexner Award. There was a Joseph C. Hinsey endowed professorship at Cornell.^{80,81}

CONCLUSION

In 1945, most Americans thought “Jews had too much power in the United States.” By 1992 the percentage answering “probably true” to the same statement was down to 31%. From 2005 to 2016, the percentage

answering “probably true” has held steady at 13-17%.⁸² As a half-a-million Jewish GIs returned home and Americans became less anti-Semitic after World War II, individuals and organizations pursued public policy and legal solutions to the quota.

The creation of SUNY medical schools and public shaming of discriminatory schools blunted the effects of the quota. The quota was further undermined by the creation of new medical schools and the willingness of some schools to partially or fully ignore the quota. By 1962, for example, the percentage of Jews at Columbia’s medical school had risen to 45% compared to 15% 12 to 14 years earlier.⁸³ From 1940 to 1958, the number of Jews in New York’s medical schools rose 3-4 fold.⁸⁴ Women and African-Americans, however, continued to fight for access.

Today America’s medical colleges are receiving applications from a new wave of immigrants from Asia. Some claim that a quota is preventing Asian-Americans from being represented at elite institutions in proportion to their representation in the applicant pool—as a recent high profile lawsuit directed against Harvard University asserts.^{85,86}

The story of the end of the Jewish quota offers several possible lessons to those seeking to eliminate discrimination against Asian-Americans: While awaiting a shift in societal attitudes, activists should seek government intervention, expose discrimination in the press and utilize litigation to promote change. It is unlikely that the system will reform itself from within. It is far more likely that higher education will circle-the-wagons to defend itself against allegations of bias. If change is to occur, it will need to come from outside the higher education system.

The end of the Jewish quota is a lesson about how some of our predecessors rose above the prejudices of their time while most leaders of academic medicine did not. Medical education is a highly social activity, subject to the prevailing mores and biases of its historical time. Abolition of the Jewish quota was largely driven by forces external to academic medicine.

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